



COMMERCIAL DRIVER TRAINING SCHOOLS
REQUEST TO CONDUCT INSTRUCTOR COURSE

SCHOOL NAME			
SCHOOL STREET ADDRESS			
CITY	STATE Washington	ZIP CODE	COUNTY
INSTRUCTOR'S NAME		TEACHER CERTIFICATE NUMBER	EXPIRATION DATE
INSTRUCTOR'S MAILING ADDRESS			(AREA CODE) TELEPHONE NUMBER
CITY	STATE Washington	ZIP CODE	COUNTY
STREET ADDRESS OF COURSE LOCATION			
CITY	STATE Washington	ZIP CODE	COUNTY
COURSE DATE(S)		COURSE TIME(S)	
NUMBER OF INSTRUCTION HOURS _____ Classroom _____ Instruction in behind-the-wheel teaching methods (minimum 12 hours) _____ Supervised practice behind-the-wheel teaching of driving techniques (minimum 6 hours) _____ Other _____ Total hours (must total 60 hours per RCW 46.82.330(3)(d))			
STUDENT NAME (Last, First, Middle) Attach Additional Sheets if Necessary		DRIVER LICENSE NUMBER	PROPOSED TEACHING LOCATION

Requested by **X** _____
SIGNATURE OF SCHOOL OWNER OR DESIGNEE DATE

Attach a course outline and mail completed request to:
Commercial Driver Training Schools, Department of Licensing, PO Box 9030, Olympia, WA 98507-9030.

Allow two weeks for request review and receipt of written approval to conduct the Instructor Course.
Written approval must be received from DOL prior to conducting the course.

FOR DEPARTMENT USE ONLY	
STATUS <input type="checkbox"/> Approved <input type="checkbox"/> Denied	PROGRAM MANAGER OR DESIGNEE X DATE